

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/581585**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		<i>Canceled</i>			
2		1				
3		2				
4		2				
5		①				
6		①				
7		①				
8	1					
9		1				
10		1				
11		3				
12		①				
13		①				
14		①				
15		①				
16		①				
17	#	①				
18	1					
19		1				
20		2	<i>Canceled</i>			
21						
22				1		
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TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		↓	17	↓		↓
TOTAL CLAIMS			20			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831

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